

Statement of Documentation Form

Division of Emergency Services - 2001 Middle Yukon Flood

This form is required to be filled out when a project is completed. The applicant will not receive final payment without this form.

Applicant (State Agency, County, City District, Native Organization)	Disaster Number DR-AK-0029	State Application Number n/a
	Project Worksheet (PW) Number	Category of Work
Brief Description of Damaged Facility or Protective Measures:		
<p>I CERTIFY:</p> <ul style="list-style-type: none"> - That all expenditures listed below are correct and cover only services performed or material used exclusively in disaster relief operations as authorized in the approved Project Worksheet; - That to the best of my knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed, and all costs have been paid in full. - That salaries, wages and overtime payments claimed are in accordance with the applicant's policy as established prior to the disaster; - That all work authorized in the approved Project Worksheet was completed and all essential services resumed within the time limit set forth in the approved Project Worksheet. 		
Date	Signature of Applicant's Authorized Representative	
	Approved PW Amount as Listed in Approved Project Application	Actual Cost Incurred
Force Account Labor		
Materials		
Force Account Equipment		
Rental Equipment		
Contract		
TOTAL		

F.A. LABOR RECORD 30-4a

State of Alaska
DIVISION OF EMERGENCY SERVICES

PAGE _____ OF _____ PAGE(S)

LOCATION OF WORK: _____

TIME PERIOD _____ TO _____

DESCRIPTION OF WORK: _____

LABOR RECORD PREPARED BY: _____

Fed PW No. _____ 20 _____

FEMA- _____ -DR P.A. No.: _____ CATEGORY: () A () B () C () D () E () F () G

NAME	JOB CLASS	DATE	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL HOURS REG. OT	GROSS RATE	GROSS PAY	BENEFIT RATE	BENEFIT PAY	TOTAL REG. PAY	TOTAL O/T PAY
		REG.								0						
		O/T								0						
		REG.								0						
		O/T								0						
		REG.								0						
		O/T								0						
		REG.								0						
		O/T								0						
		REG.								0						
		O/T								0						
		REG.								0						
		O/T								0						
		REG.								0						
		O/T								0						
		REG.								0						
		O/T								0						
		REG.								0						
		O/T								0						
TOTALS:										0	0					

F.A. LABOR RECORD 30-4a

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

MATERIAL 30-4b RECORD

CATEGORY: () A () B () C () D () E () F () G

MJG 8/2/01

MATERIAL 30-4b RECORD

Line Item	Explain the specific use for each materials purchase by line item
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

LOCATION OF WORK:

DESCRIPTION OF WORK:

FORCE ACCOUNT RECORD PREPARED BY:

TIME PERIOD

TO

20__

Fed PW No.

FEMA- _____ - DR

P.A. No.: _____

CATEGORY: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

TYPE OF EQUIPMENT Indicate size, capacity, horsepower, make and model as appropriate	EQUIPMENT NUMBER REFERENCE	DATE/HOURS USED EACH DAY											TOTAL HOURS	RATE	TOTAL COST
		DATE													
		HRS											0		0
		HRS											0		0
		HRS											0		0
		HRS											0		0
		HRS											0		0
		HRS											0		0
		HRS											0		0
		HRS											0		0
		HRS											0		0
		HRS											0		0
		HRS											0		0
		HRS											0		0
		HRS											0		0
TOTAL													0	TOTAL	0

FORCE ACCOUNT EQUIPMENT 30-4c RECORD

Line item	Explain what specific job was performed by each equipment use line item
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

LOCATION OF WORK: _____

DESCRIPTION OF WORK: _____

SUPPLY RECORD PREPARED BY: _____

TIME PERIOD TO 20

Fed PW No. _____

FEMA- _____ - DR P.A. No.: _____

CATEGORY: () A () B () C () D () E () F () G

									Check one INFO. From	
VENDOR	DESCRIPTION	HOURS USED	QUANTITY	UNIT PRICE	TOTAL PRICE	DATE BOUGHT	CHECK NUMBER	DATE USED	INVOICE	Stock
					0					
					0					
					0					
					0					
					0					
					0					
					0					
					0					
					0					
					0					
					0					
					0					
					0					
					0					
TOTAL PRICE					0					

Line Item	SUPPLY 30-4d RECORD Explain the specific use for each materials purchase by line item
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

RENTAL EQUIPMENT 30-4e RECORD

PAGE _____ OF _____ PAGE(S)

LOCATION OF WORK: _____

DESCRIPTION OF WORK: _____

RENTAL RECORD PREPARED BY: _____

TIME PERIOD _____ TO _____ 20__

Fed PW No. _____

FEMA- _____ - DR

P.A. No.: _____

CATEGORY: () A () B () C () D () E () F () G

TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make and model as appropriate</small>	DATE	HOURS USED	RATE PER HOUR		VENDOR	DATE PAID	INVOICE NUMBER	AMOUNT PAID	CHECK NUMBER
			W/ OPR	W/O OPR					
		HRS						0	
		HRS						0	
		HRS						0	
		HRS						0	
		HRS						0	
		HRS						0	
		HRS						0	
		HRS						0	
		HRS						0	
		HRS						0	
		HRS						0	
		HRS						0	
TOTAL THIS SHEET								0	

RENTAL EQUIPMENT 30-4e RECORD

Line item	Explain what specific job was performed by each equipment line item
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

CONTRACT 30-4f RECORD

LOCATION OF WORK: _____
DESCRIPTION OF WORK: _____
CONTRACT RECORD PREPARED BY: _____

TIME PERIOD _____ TO _____ 20__

Fed PW No. _____

FEMA- _____ - DR P.A. No.: _____

CATEGORY: () A () B () C () D () E () F () G

								Check one INFO. From	
VENDOR	DESCRIPTION	QUANTITY	CONTRACT PRICE	TOTAL PRICE	DATE OF SERVICE	CHECK NUMBER	DATE PAID	INVOICE	Stock
TOTAL PRICE				0					

Line item	Explain what specific job was performed by each contract line item
1	CONTRACT 30-4f RECORD
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	